

Express Mail Label No. (if applicable)

Request for Continued Examination (RCE) Transmittal

Address to:
Mail Stop RCE
Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application No.	10/534,938
Confirmation No.	2023
Filing Date	June 16, 2005
First Named Inventor	Gerardus Maria Van Erp
Group Art Unit	3635
Examiner Name	William V. Gilbert
Attorney Docket No.	235760
Client Reference No.	11459US02-PDW/OYX

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

- | | |
|---|--|
| 1. Submission required under 37 CFR 1.114 | |
| a. <input type="checkbox"/> Previously submitted | |
| i. <input type="checkbox"/> Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on
(Any unentered amendment(s) referred to above will be entered.) | |
| ii. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on | |
| iii. <input type="checkbox"/> Other: | |
| b. <input checked="" type="checkbox"/> Enclosed | |
| i. <input checked="" type="checkbox"/> Amendment/Reply | iv. <input type="checkbox"/> Form PTO-1449 |
| ii. <input type="checkbox"/> Affidavit(s)/Declaration(s) | v. <input type="checkbox"/> Copies of References listed in Form PTO-1449
(except for U.S. patents and applications) |
| iii. <input type="checkbox"/> Information Disclosure Statement (IDS) | vi. <input type="checkbox"/> Other: |
| 2. Miscellaneous | |
| a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months; fee under 37 CFR 1.17(i) required.) | |
| b. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | |
| c. <input type="checkbox"/> Other: | |
| 3. Fees - The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed. | |
| a. <input checked="" type="checkbox"/> Please charge Deposit Account No. 12-1216 in the total amount indicated below. | |
| i. <input checked="" type="checkbox"/> RCE fee of \$405.00 (small entity) required under 37 CFR 1.17(e) | \$405.00 |
| ii. <input checked="" type="checkbox"/> Two-month extension of time fee of \$245.00 (37 CFR 1.136 and 1.17) | \$245.00 |
| iii. <input type="checkbox"/> An extension for has already been secured and the fee paid therefor of
\$ 0.00 is deducted from the total fee due for the total amount of extension now
requested. | |
| iv. <input checked="" type="checkbox"/> Petition for an extension of time (including the period noted above, if checked), as
well as for any additional period necessary to render the present submission timely.
Please charge Deposit Account No. 12-1216 for the appropriate petition fee. | |
| v. <input type="checkbox"/> Suspension of action fee of \$130.00 (37 CFR 1.17(i)) | \$ 0.00 |
| vi. <input type="checkbox"/> Other: | |
| vii. <input type="checkbox"/> Claim fee | |

CLAIM FEE	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA CLAIMS PRESENT	RATE	ADD'L CLAIM FEE	RATE	ADD'L CLAIM FEE	
TOTAL	38	MINUS	38	= 0	x 26 =	\$0.00	x 52 =		\$0.00
INDEPENDENT	2	MINUS	3	= 0	x 110 =	\$0.00	x 220 =		\$0.00
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE CLAIM					+ 195 =	\$0.00	+ 390 =		\$0.00
Total amount to be charged to Deposit Account								\$650.00	
b. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any deficiencies in the above fees or to credit any overpayments to Deposit Account No. 12-1216.									

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED			
Name (Print/Type)	John Kilyk, Jr.	Registration No. (Attorney/Agent)	30,763
Signature		Date	August 17, 2009
Address	Leydig, Voit & Mayer, Ltd. Two Prudential Plaza, Suite 4900 180 North Stetson Avenue Chicago, Illinois 60601-6731	Phone	(312) 616-5600 (telephone) (312) 616-5700 (facsimile)